

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER 1ST AMENDMENT      AFTER 2ND AMENDMENT

IND      DEP      IND      DEP      IND      DEP

1	1				
2	1				
3	1				
4	1				
5	1				
6	1				
7	1				
8	7				
9	7				
10	1				
11	1				
12	7				
13	7				
14	7				
15	1				
16	1				
17	1				
18	1				
19	1				
20	1				
21	1				
22	1				
23	1				
24	7				
25	7				
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TOTAL IND.

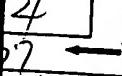
4

TOTAL DEP.

7

TOTAL CLAIMS

81



51		IND	DEP	IND	DEP	IND	DEP
52							
53							
54							
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59							
60							
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TOTAL IND.		IND	DEP	IND	DEP	IND	DEP